

1 "Board" means the board of respiratory care.

2 "Continuing education" means educational activities
3 primarily designed to keep respiratory care practitioners
4 informed of developments in the respiratory care field or any
5 special areas of practice engaged in by these persons.

6 "Direct supervision" means a situation where a licensed
7 respiratory care practitioner or physician is immediately
8 available for the purpose of communication, consultation, and
9 assistance.

10 "Formal education" means a supervised, structured,
11 educational activity that:

- 12 (1) Includes preclinical didactic and laboratory
13 activities and clinical activities;
- 14 (2) Is approved by an accrediting agency recognized by the
15 board; and
- 16 (3) Includes an evaluation of competence through a
17 standardized testing mechanism determined by the board
18 to be both valid and reliable.

19 "Physician supervision" means oversight under the authority
20 and responsibility of a licensed physician to direct the
21 performance of activities as established by policies,



1 procedures, and protocols for safe and appropriate delivery of
2 services.

3 "Practice of respiratory care" means a collection of
4 activities including assessment, diagnosis, intervention, and
5 monitoring for patients requiring emergent and nonemergent
6 respiratory intervention, including disaster preparedness and
7 support, but is not limited to:

- 8 (1) Emergency actions to correct life-threatening
9 respiratory events for patients of all ages;
- 10 (2) The initiation of emergency procedures and protocols
11 under the board rules or as otherwise permitted in
12 this chapter;
- 13 (3) The initiation and management of life-support
14 ventilator equipment;
- 15 (4) The administration of pharmacological, diagnostic, and
16 therapeutic agents related to respiratory care
17 procedures necessary to implement a treatment, disease
18 prevention, pulmonary rehabilitative, or diagnostic
19 regimen prescribed by a physician;
- 20 (5) The transcription and implementation of the written,
21 verbal, or telecommunicated orders of a physician
22 pertaining to the practice of respiratory care;



1 (6) The observation and monitoring of signs and symptoms,
2 general behavior, general physical response to
3 respiratory care treatment, and diagnostic testing,
4 including determination of whether the signs,
5 symptoms, reactions, behavior, or general response
6 exhibit abnormal characteristics;

7 (7) The implementation, based on observed abnormalities,
8 appropriate reporting or referral of respiratory care
9 protocols, or changes in treatment pursuant to the
10 written, verbal, or telecommunicated orders by a
11 physician; and

12 (8) The practice of respiratory care performed in any
13 clinic, hospital, skilled nursing facility, private
14 dwelling, or other place deemed appropriate or
15 necessary by the board in accordance with the written,
16 verbal, or telecommunicated order of a physician, and
17 performed under physician supervision or orders.

18 "Protocol" means a written agreement of medical care plan
19 delegating professional responsibilities to a person who is
20 qualified by training, competency, experience, or licensure.

21 "Respiratory care education program" means a program of
22 respiratory care education that is accredited by the Committee



1 on Accreditation for Respiratory Care, or their successor
2 organizations.

3 "Respiratory care practitioner" means:

- 4 (1) A person duly licensed by the board;
- 5 (2) A person employed in the practice of respiratory care
6 who has the knowledge and skill necessary to
7 administer respiratory care;
- 8 (3) A person who is capable of serving as a resource to
9 the physician and other health care providers in
10 relation to the clinical and technical aspects of
11 respiratory care and as to safe and effective methods
12 for administering respiratory care modalities;
- 13 (4) A person who is able to function in situations of
14 unsupervised patient contact requiring great
15 individual judgment; and
- 16 (5) A person capable of supervising, directing, or
17 teaching less skilled personnel in the provision of
18 respiratory therapy services.

19 "Respiratory care services" include but are not limited to
20 the following activities performed under physician supervision
21 or under the order of a physician, and in accordance with
22 protocols established by a hospital or the board:



- 1 (1) Assistance with cardiopulmonary resuscitation;
- 2 (2) Ventilatory support, including the maintenance and
- 3 management of life-support systems;
- 4 (3) Administration of medications to the cardiopulmonary
- 5 system;
- 6 (4) With specialized training acceptable to the board,
- 7 administration of medications by routes other than the
- 8 respiratory route under the direct supervision of a
- 9 physician;
- 10 (5) Therapeutic and diagnostic use of pressurized medical
- 11 gases and administration apparatus, and environmental
- 12 control systems, humidification and aerosols;
- 13 (6) Use of therapeutic modalities to augment secretion
- 14 management, lung inflation, bronchopulmonary drainage,
- 15 and monitor breathing exercises;
- 16 (7) Respiratory rehabilitation, pulmonary disease
- 17 education, and prevention;
- 18 (8) Maintenance of natural airways, including the
- 19 insertion and maintenance of artificial airways;
- 20 (9) Disease management services, procedures, and
- 21 consulting, including but not limited to asthma,



- 1 chronic obstructive pulmonary disease, and smoking
2 cessation;
- 3 (10) Assistance with bronchoscopy procedures for diagnostic
4 and therapeutic purposes;
- 5 (11) Invasive procedures, such as:
- 6 (A) Intravascular catheterization;
7 (B) Specimen collection and analysis;
8 (C) Blood for gas transport and acid base
9 determinations and indicators for metabolic
10 processes; and
11 (D) Sputum for diagnostic purposes;
- 12 (12) Pulmonary function testing and other related
13 physiological monitoring of the cardiopulmonary
14 systems;
- 15 (13) Hyperbaric oxygen therapy;
- 16 (14) Non-invasive metabolic monitoring;
- 17 (15) Capnography and hemodynamic monitoring and
18 interpretation;
- 19 (16) Sleep diagnostic studies; and
20 (17) Air or ground ambulance transport.
- 21 "Special training" means:



- 1 (1) A deliberate systematic educational activity in the
- 2 affective, psychomotor, and cognitive domains;
- 3 (2) Is intended to develop new proficiencies with an
- 4 application in mind; and
- 5 (3) Is presented with an attention to needs, objectives,
- 6 activities, and a defined means of evaluation.

7 § -2 **Board of respiratory care.** (a) There is created
8 the board of respiratory care to administer this chapter. The
9 board shall be attached to the department of commerce and
10 consumer affairs for administrative purposes. The board shall
11 consist of seven members to be appointed by the governor
12 pursuant to section 26-34 and whose terms shall be four years;
13 provided that the governor may reduce the terms of those
14 initially appointed so as to provide, as nearly as can be, for
15 the expiration of an equal number of terms at intervals of one
16 year for each board:

- 17 (1) One public member;
- 18 (2) One physician member recommended by the Hawaii Society
19 for Respiratory Care;
- 20 (3) Four members engaged in the practice of respiratory
21 care for a period of not less than one year
22 immediately preceding appointment and recommended by



1 the state affiliate of the American Association for
2 Respiratory Care; and

3 (4) One member who is a representative of a hospital or
4 the home health care industry.

5 (b) The board shall meet at least once each year and shall
6 elect a chairperson and vice chairperson from its physician
7 member and from its respiratory care practitioner members. The
8 board may convene at the request of the chairperson, or as
9 determined by the board. A majority of the members of the
10 board, including the chairperson or vice-chairperson, shall
11 constitute a quorum at any meeting and a majority of the
12 required quorum shall be sufficient for the board to take action
13 by vote.

14 (c) Members shall serve without compensation but shall be
15 reimbursed for expenses, including travel expenses, necessary
16 for the performance of their duties.

17 (d) Members shall have the same rights of protection from
18 personal liability as those enjoyed by other employees of the
19 State for actions taken in the course of their duties under this
20 chapter.

21 (e) The board may hire a qualified person without regard
22 to chapters 76 and 89 who shall not be a member of the board to



1 serve as administrative secretary, and shall define the duties
2 of the administrative secretary, in addition to those enumerated
3 in this chapter.

4 § -3 Powers and duties of board. The board shall:

- 5 (1) Determine the qualifications and fitness of applicants
6 for licensure, renewal of license temporary licenses,
7 and reciprocal licenses to practice respiratory care;
- 8 (2) Examine, approve, issue, deny, revoke, suspend, and
9 renew the licenses of duly qualified applicants to
10 practice respiratory care;
- 11 (3) Establish standards of professional responsibility and
12 practice for persons licensed by the board;
- 13 (4) Keep a record of all proceedings of the board, which
14 shall be made available to the public for inspection
15 during reasonable business hours;
- 16 (5) Conduct investigations, subpoena individuals, and
17 records, and do all things necessary and proper to:
- 18 (A) Discipline persons licensed under this chapter;
19 (B) Enforce this chapter; and
20 (C) Conduct hearings upon charges calling for
21 discipline of a licensee, denial, revocation, or
22 suspension of a license;



- 1 (6) Adopt rules in accordance with chapter 91 necessary to
2 carry out this chapter;
- 3 (7) Maintain a public record of persons licensed by the
4 board;
- 5 (8) Enter into agreements or contracts, in accordance with
6 law, with outside entities for the purpose of
7 developing, administering, grading, and reporting the
8 results of licensure examinations. These entities
9 shall be capable of meeting the standards of the
10 National Commission for Health Certifying Agencies or
11 its equivalent or successor organization. The
12 licensure examinations shall be validated and
13 nationally recognized as testing respiratory care
14 competencies; and
- 15 (9) Establish continuing education requirements for
16 renewal of a license.

17 § -4 **License; requirements.** (a) No person shall
18 practice respiratory care or represent oneself to be a
19 respiratory care practitioner unless the person is licensed
20 under this chapter.



1 (b) An applicant for a license to practice respiratory
2 care shall submit to the board written evidence, verified by
3 oath, that the applicant:

- 4 (1) Is at least eighteen years of age;
- 5 (2) Has completed an approved four-year high school course
6 of study, or the equivalent, as determined by the
7 board of education;
- 8 (3) Has successfully completed an accredited respiratory
9 care educational program as defined in this chapter;
- 10 (4) Has passed an examination, as defined in this chapter,
11 which may be administered by the board or by a
12 national agency approved by the board;
- 13 (5) Has paid the required fees; and
- 14 (6) Meets any other requirements established by the board.

15 (c) The board shall issue a license to an applicant who
16 has successfully met the requirements in subsection (b). If an
17 applicant fails to complete the requirements for licensure
18 within days from the date of filing, the application shall
19 be deemed to be abandoned.

20 (d) The board shall issue to the applicant a license to
21 practice respiratory care by endorsement to:



1 (1) An applicant who is currently licensed or registered
 2 to practice respiratory care under the laws of another
 3 state, territory, or country if the qualifications of
 4 the applicant are deemed by the board to be equivalent
 5 to those required by this chapter; or

6 (2) An applicant holding credentials conferred by the
 7 National Board for Respiratory Care or its successor
 8 organization as a certified respiratory therapist or
 9 as a registered respiratory therapist; providing the
 10 credential has not been suspended or revoked.

11 (e) A license issued under this chapter shall be subject
 12 to biennial renewal.

13 § -5 **Professional identification.** (a) No person who
 14 does not hold a license as a respiratory care practitioner or
 15 whose license has been suspended or revoked may do any of the
 16 following:

17 (1) Use in connection with the person's practice the words
 18 "respiratory care professional", "respiratory
 19 therapist", "respiratory care practitioner",
 20 "certified respiratory care practitioner", "licensed
 21 respiratory therapist" or "respiratory therapy
 22 technician"; or append the letters "R.C.P.", "R.R.T."



1 or "L.R.T." to one's name; or use any other words,
2 letters, abbreviations, or insignia indicating or
3 implying that the person is a respiratory care
4 practitioner; or

5 (2) Directly, or by implication, represent in any way that
6 the person is a respiratory care practitioner.

7 (b) A licensee shall show the person's license when
8 requested.

9 § -6 **License renewal.** (a) A license shall be renewed
10 except as hereafter provided. The board shall mail notices at
11 least calendar days prior to expiration for renewal of
12 licenses to every person to whom a license was issued or renewed
13 during the preceding renewal period. The licensee shall
14 complete the notice of renewal and return it to the board with
15 the renewal fee before the date of expiration.

16 (b) Upon receipt of the notice of renewal and the fee, the
17 board shall verify its contents and shall issue the licensee a
18 license for the renewal period. The board shall establish
19 continuing education requirements for biennial renewal of the
20 license.

21 (c) A licensee who allows a license to lapse by failing to
22 renew may be reinstated by the board upon payment of the renewal



1 fee and a reinstatement fee; provided that a request for
2 reinstatement is made within days of the end of the
3 renewal period.

4 (d) A licensee who does not engage in the practice of
5 respiratory care during the succeeding renewal period is not
6 required to pay the renewal fee as long that person remains
7 inactive. If the person desires to resume the practice of
8 respiratory care, the person shall notify the board of the
9 person's intent, and shall demonstrate compliance with the
10 specific period of time of continuous inactivity after which re-
11 testing is required, in addition to remitting the current
12 renewal fee and the reinstatement fee.

13 § -7 **Fees and disposition of revenues.** (a) The board
14 shall adopt rules in accordance with chapter 91 to establish all
15 fees, including but not limited to application fees, licensing
16 fees, renewal fees, and reinstatement fees.

17 (b) Fees collected by the board and moneys collected under
18 this chapter shall be deposited into the state treasury to the
19 credit of the state general fund.

20 (c) Expenses incurred in the implementation of this
21 chapter shall be paid within the appropriations made by the
22 legislature.



1 § -8 **Disciplinary criteria.** The board may revoke,
2 suspend, or refuse to renew any license, place on probation,
3 otherwise reprimand a licensee or temporary license holder, or
4 deny a license to an applicant if the board finds that the
5 person:

- 6 (1) Is guilty of fraud or deceit in procuring or
7 attempting to procure a license or renewal of a
8 license to practice respiratory care;
- 9 (2) Is unfit or incompetent by reason of negligence,
10 habits, or other causes of incompetence;
- 11 (3) Is habitually intemperate in the use of alcoholic
12 beverages;
- 13 (4) Is addicted to, or has improperly obtained, possessed,
14 used, or distributed habit-forming drugs or narcotics;
- 15 (5) Is guilty of dishonest or unethical conduct;
- 16 (6) Has practiced respiratory care after the person's
17 license has expired or has been suspended;
- 18 (7) Has practiced respiratory care under cover of any
19 license illegally or fraudulently obtained or issued;
- 20 (8) Has violated or aided or abetted others in violation
21 of this chapter; or



1 (9) Has been convicted of a felony that materially affects
2 the person's ability to safely practice respiratory
3 care.

4 § -9 **Due process.** (a) Upon filing of a written
5 complaint with the board charging a person with any of the acts
6 described in section -8, the administrative secretary or
7 other authorized employee of the board shall make an
8 investigation. If the board finds reasonable grounds for the
9 complaint, a time and place for a hearing shall be set, notice
10 of which shall be served on the licensee or applicant at least
11 calendar days prior to the hearing. The notice shall be
12 made by personal service or by certified mail sent to the last
13 known address of the person.

14 (b) The board may petition the circuit court of the county
15 within which the hearing is being held to issue subpoenas for
16 the attendance of witnesses and the production of necessary
17 evidence in any hearing before it. Upon request of the
18 respondent or the respondent's counsel, the board shall petition
19 the court to issue subpoenas on behalf of the respondent. The
20 circuit court, upon petition, may issue any subpoenas that the
21 court deems necessary.



1 (c) Unless otherwise provided in this chapter, hearing
2 procedures shall be held in accordance with chapter 92. A
3 person who is aggrieved by a decision of the board may file an
4 appeal.

5 § -10 **Exceptions.** (a) This chapter does not prohibit:

- 6 (1) The practice of respiratory care that is an integral
7 part of the program of study by students enrolled in
8 an accredited respiratory care education program
9 approved by the board. Students enrolled in
10 respiratory care education programs shall be
11 identified as "student RT" and shall only provide
12 respiratory care under the direct supervision of an
13 appropriate clinical instructor recognized by the
14 education program;
- 15 (2) Self-care by a patient or gratuitous care by a friend
16 or family member who does not represent or hold the
17 person out to be a respiratory care practitioner;
- 18 (3) Respiratory care services rendered in the course of an
19 emergency;
- 20 (4) Respiratory care administered in the course of
21 assigned duties of persons in the military services;



1 (5) The delivery, set-up, monitoring, and maintenance of
2 medical devices, gases, and equipment by an unlicensed
3 person for the express purpose of self-care by a
4 patient or gratuitous care by a friend or family
5 member. Any patient monitoring, assessment, or other
6 procedures designed to evaluate the effectiveness of
7 prescribed respiratory care shall be performed by or
8 pursuant to the delegation of a licensed respiratory
9 care practitioner; or

10 (6) The respiratory care practitioner from performing
11 advances in the art and techniques of respiratory care
12 learned through formal or special training acceptable
13 to the board.

14 (b) Nothing in this chapter is intended to limit,
15 preclude, or otherwise interfere with the practice of other
16 appropriately licensed persons from performing a respiratory
17 care procedure that is within the scope of practice of that
18 person.

19 (c) Individuals who have passed an examination that
20 includes content in one or more of the functions included in
21 this section shall not be prohibited from performing those
22 procedures for which the individual has been tested; provided



1 that the testing body offering the examination is approved by
2 the board.

3 § -11 **Practice of medicine prohibited.** Nothing in this
4 chapter shall be construed to permit the practice of medicine.

5 § -12 **Offenses.** (a) It is a misdemeanor for any person
6 to:

- 7 (1) Sell, fraudulently obtain or furnish any respiratory
8 care license or record, or aid or abet in doing so;
- 9 (2) Practice respiratory care under cover of any
10 respiratory care diploma, license, or record illegally
11 or fraudulently obtained or issued;
- 12 (3) Practice respiratory care unless duly licensed to do
13 so under this chapter;
- 14 (4) Improperly identify oneself in violation of section
15 -5(a)(1);
- 16 (5) Practice respiratory care when the person's license is
17 suspended, revoked, or expired;
- 18 (6) Fail to notify the board of the suspension, probation,
19 or revocation of any past or current license required
20 to practice respiratory care in this State or any
21 other state;



1 (7) Knowingly employ an unlicensed person in the capacity
2 of a respiratory care practitioner;


3 (8) Make false representations, impersonate, or act as a
4 proxy for another individual or allow or aid any
5 individual to impersonate the person in connection
6 with any examination, application for licensing, or
7 request to be examined or licensed; and

8 (9) Otherwise violate any provision of this chapter.

9 (b) A misdemeanor shall be punishable by a fine of not
10 more than \$ or by imprisonment of not more than ,
11 or by both fine and imprisonment for each offense."

12 SECTION 3. If any provision of this Act, or the
13 application thereof to any person or circumstance is held
14 invalid, the invalidity does not affect other provisions or
15 applications of the Act, which can be given effect without the
16 invalid provision or application, and to this end the provisions
17 of this Act are severable.

18 SECTION 4. This Act shall take effect upon its approval.
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Report Title:

Establish Board of Respiratory Care; Regulation of Respiratory Care

Description:

Establishes licensing and regulatory requirements for practice of respiratory care. Establishes board of respiratory care in the department of commerce and consumer affairs, provides for disciplinary criteria, and penalties.

